

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036262

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4812

1. FILED SEP 23 1963

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN Kansas City

Length of stay in 1b

non Resident

c. CITY OR TOWN Miami

b. COUNTY Ottawa

Inside Limits  
Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION 901 Main

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
1121 H Street N.W.

Reside on Farm  
Yes ☐ No ☐

3. NAME OF DECEASED  
(Type or print)

First  
Marcus

Middle

Last  
Kinney

4. DATE OF DEATH

Month Day Year  
8 - 29 - 1963

5. SEX  
Male

6. COLOR OR RACE  
White

7. Married ☐ Never Married ☐  
Widowed ☐ Divorced ☒

8. DATE OF BIRTH  
4-13-1910

9. AGE (last birthday)  
53

IF UNDER 1 YEAR  
Months Days

IF UNDER 24 HR  
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
Laborer

10b. KIND OF BUSINESS OR INDUSTRY  
Construction

11. BIRTHPLACE (City and state or country)  
Oklahoma

12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME

S. C. Kinney

13b. MOTHER'S MAIDEN NAME

Anna Lou Payne

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
Married

16. SOCIAL SECURITY NO.

17. INFORMANT  
Address  
Mrs. Lillian Tinkler Miami, Oklahoma

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

fractured skull crushed  
chest for shoulder & limb

INTERVAL BETWEEN  
ONSET AND DEATH

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)  
Duty & Suspection

PART III. If deceased was female was  
there a pregnancy in last 90 days.  
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE ☐

HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  
fell from 12 stories to  
basement

20c. TIME OF  
INJURY  
Hour a.m. p.m.  
8-1963

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)  
Grand city

20f. CITY, TOWN, OR LOCATION  
Grand city

COUNTY  
Jackson

STATE  
MO

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Hugh H. Owens Coroner

22b. ADDRESS

157 Union Station

22c. DATE SIGNED

8-29-63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Removal

23b. DATE

9-30-1963

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

Miami

Okl.

24. FUNERAL DIRECTOR

ADDRESS

Melody-McGilley-Eylar 20 W. Linwood

25. DATE RECD. BY LOCAL REG.

8-30-63

26. REGISTRAR'S SIGNATURE

Bessie Smith

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

H. OWENS MEDICAL CERTIFICATION

DATE AMENDED

VS 300  
Rev. 4/59

1

28350

3

4

0

5

3

6

7

1

8

2

99025

10

45

11

123

12

91-3

13

SEP 24 1963

SEP 23 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Floyd F. Dickmon*

Licensed Embalmer No.

5120

P. O. Address

K C 11, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.